

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/889279**

FILING DATE

APPLICANT(S)

B CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		①				
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13		2				
14		①				
15		①				
16		①				
17			1		1	
18						
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49						
50						
TOTAL IND.	1	↓	2	↓	7	↓
TOTAL DEP.			17	↓	12	↓
TOTAL CLAIMS	1		19		19	

	*		*		*
	IND.	DEP.	IND.	DEP.	
51					
52					
53					
54					
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93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.		↓		↓	
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS